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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	12	Attorney Docket Number	021989-000411US
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**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO/SB/08B, EP search report, 1 reference, return postcard
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Scott E. McPherson		
Date	August 22, 2005	Reg. No.	53,307

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Timothy S. Parker	Date	August 22, 2005

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

**PATENT**  
Attorney Docket No.: 021989-000411US

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

On August 22, 2005

TOWNSEND and TOWNSEND and CREW LLP

*Timothy J. Parker*



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

David S. Burt, et al.

Application No.: 10/771,737

Filed: February 3, 2004

For: PROTEOSOME INFLUENZA VACCINE

Examiner:

Art Unit: 1648

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR §1.97 and §1.98**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The reference cited on attached form PTO/SB/08B is being called to the attention of the Examiner. A copy of the reference is enclosed. It is respectfully requested that the cited reference be expressly considered during the prosecution of this application, and the reference be made of record therein and appear among the "references cited" on any patent to issue therefrom.

Also enclosed is a copy of a European Search Report dated July 12, 2004 which was issued in corresponding European application no. 04000953.2, and in which this reference was cited.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and reference cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement, because this submission is prior to the issuance of a first Office Action on the merits.

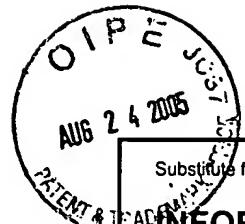
However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Scott E. McPherson  
Reg. No. 53,307

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60569271v1



Substitute for form 1449B/PTO

**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet	1	of	1	<b>Complete if Known</b>
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Application Number 10/771,737

Filing Date February 3, 2004

First Named Inventor Burt, David S.

Art Unit 1648

Examiner Name

Attorney Docket Number 021989-000411US

**NON PATENT LITERATURE DOCUMENTS**

Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
	BC	Jahn-Schmidt, Beatrice, et al. "Toward selective elicitation of T <sub>H</sub> 1-controlled vaccination responses: vaccine applications of bacterial surface layer proteins", <i>Journal of Biotechnology</i> (1996) 44:225-231	
	BD		
	BE		
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	BI		
	BJ		
	BK		
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	BM		

Examiner Signature		Date Considered
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<sup>1</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>2</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.